USE PERMIT

Revised 10/17/11



IT IS ORDERED by the Director of		
Inspections of Baltimore County,	this 23^{RO} day of $0 < T$	OBER, 2019
that VICTORIA \$ 5 COT	T DAVIDSON all or business name)	located at
9112 COMENTON (Street address)	The state of the s	_ should be and the
same is hereby granted permission	on to operate a: ALF Ţ	C7 BEDS
IP-2019-0005-AL	in A Mun	1
Permit (or Receipt) Number	Director, Permits, Approv	
	Planner	's Initials JRF

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Revised 10/17/11



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Permit (or Receipt) Number	Director, Permits, Approva	Is and Inspections
	Planner	s Initials JRF

USE PERMIT



	of the Department of Permits, Approvals and				
Inspections of Baltimore County,	this 23^{RO} day of OCTOBER, 20_{19}				
that VICTORIA & SCOT					
9112 COMENTON (Street address)	al or business name) AACE should be and the				
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IP-2019-0005-AL	in A Mulis				
Permit (or Receipt) Number	Director, Permits, Approvals and Inspections				
Revised 10/17/11	Planner's Initials JRE				

OFFICE	E OF BUD	DGET AND	ARYLANI D FINANC RECEIPT	E	Sub Rev/	No. Date:	1905	-/19	REG WSC	61MESS 6/2019 01 0	7 9/25/2019 WALKIN LJR		DRI
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INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

TO:	Office of Planning, Development Review Office Attention: ALF REVIEWER Jefferson Building	ALF Address 0/12 C	owen Torr		
		Permit No. (if required) B			
	105 W. Chesapeakle Avenue, Room 101				
	Towson, MD 21204 · M.S. 3402				
FROM:	Department of Permits, Approvals and Inspections	Filling Date 9 25	RECEIVED		
	Zoning Review Office M.S. 1105		SEP 25 2019		
RE:	Assisted Living Facility I or II	DEPA	RTMENT OF PLANNING		
This office	e is requesting recommendations and comments from the Office of				
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY / APPE	ARANCE INFORMATION (As Requi	red under A and B be	low):	
LORA	Print Name of Applicant Applicant Address	38 Telephone Number	Emell Address	CO-	
	ALF Lot Address 9112 COWENTON AVE.	Election District Councilmanic Dist	ricl 5 Sq. Fl. of Lot 5	4,947	
Lot Loc	ation; NESVEID comer of LONGHTON AVE.	, feel from NESW corn	er of PANORAMA (street)	PR.	
Land O	Wher: VICTORIA & SCOTT THUTSON	10 Digit Tax Account Number	7770007	229	
Address	9112 COWELTON AVE	(716) <u>431-53\6</u> Telephone Number	M. MOVITOPOL		
Reserved Strates					
B. AP	PLICANT MUST PROVIDE THE FOLLOWING ITEM be submitted by applicant for required compatibility and/or appeara	S (1 THROUGH 7) BELOW:	Intake Planner to on information accemby marking X b	ptance	
	*		YES	NO	
1. This C	Completed Recommendation Form (3 copies)		_		
	ng Permit Application or Copy (if available)	×	-	×	
3. Site P	lan (See Zoning Use Permit Checklist on Page 2 for Requirements rty (3 copies): Including lot size and square feet of buildings, parking and oper	s): n space – 10% lot area	~		
	nent of Compliance with Checklist Note 5,A		<u>~</u>	-	
Staten	nent of Compliance with Checklist Note 6 regarding the 1000 foot proximity re	quirement of Section 432.1.A.3, BCZR	<u>~</u>		
Staten (For	nent of Compilance with Checklist Note 10 regarding automatic sprinkler syste more information about automatic sprinkler system requirements, you must c	em requirement of County Building Code contact the Building Plans Review Office at 410-80	37-3987)		
4. Buildi	ng Elevation Drawings (these may be waived if note 5.A. from	the			
	g Use Permit Checklist can be stated on the plans)		-42-4		
5. Photo Show	graphs (please label all photos clearly) the Adjoining Buildings, the Proposed Building, and the Surrounding Neighbo	orhood	1		
6. Applic	ant Confirms compliance with 1000 foot proximity requiremen	nt of section 432.1.A.3, BCZR		. —	
7. Applic	ant Confirms that Building Plans Review Office was contacted ng Plans Review Office can be reached at 410-887-3987	i regarding automatic sprinkler system	requirements		
8. Curre	nt Zoning Classification: DQ 3.5tt				
		OFFICE OF PLANNING ONLY!			
RECOMM	ENDATIONS / COMMENTS:		*		
V	Approval Disapproval Approval conditioned on re	equired modifications of the application and/or site hed):	plan to conform with the foll	owing	
	La Har		Date: 10 /1/	19	
Signed by:	for the Director, Office of Plenning Par	ge 4			

INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

TO:	Office of Planning, Development Review Office Attention: ALF REVIEWER Jefferson Building 105 W. Chesapeakle Avenue, Room 101	ALF Address 0/12 25Wenton ACC				
	Towson, MD 21204 M.S. 3402	Intake Planner's Name				
FROM:	Department of Permits, Approvals and Inspections Zoning Review Office M.S. 1105	, mig 240	SEP 25 2019	1		
RE:	Assisted Living Facility I or II	DEPA	RTMENT OF PLANNING			
This office	se is requesting recommendations and comments from the Office o			mlt.		
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY / APPE	ARANCE INFORMATION (As Require	red under A and B below);		
LOVE	Print Name of Applicant Address	s Teléphone Number	Email Address	COM		
	ALF Lot Address 9112 COMENTON AVE	Election District__\Councilmanic Dist	rict 5 Sq. Ft. of Lot 54,9	AT		
Lot Loc	ation; NES Vaid corner of Lowerron Ave.	, 40 feet from NESW corn	er of PAHORAM D	<u>R.</u>		
Land O	WHERE MOTORIA & SOUTH TOWNTOON	10 Digit Tax Account Number	77700070	30		
Address	9112 COWELLTON AYE	(710) <u>431-53\6</u> Telephone Number	M. MOVINTO PO COMME	· Nacom		
B, AF	PLICANT MUST PROVIDE THE FOLLOWING ITEM be submitted by applicant for required compatibility and/or appeara	nce review by the Office of Planing)	Intake Planner to confund Information acceptary by marking X below	nce W:		
			YES NO	,		
	Completed Recommendation Form (3 copies)			 ×		
	ing Permit Application or Copy (if available)			_		
Prope	llan (See Zoning Use Permit Checklist on Page 2 for Requirements rty (3 copies); including lot size and square feet of buildings, parking and oper	1 spade - 10% lot area ,,	<u>~</u> -	_		
	nent of Compilance with Checklist Note 5.A			_		
	nent of Compilance with Checklist Note 6 regarding the 1000 foot proximity re-			×		
Stater (Fo	nent of Compliance with Checklist Note 10 regarding automatic sprinkler syste r more information about automatic sprinkler system requirements, you must c	ontact the Building Plans Review Office at 410-8				
4. Bulldi Zonin	ing Elevation Drawings (these <u>may be waived</u> If note 5.A. from g Use Permit Checklist can be stated on the plans)	the	<u>~</u> -	_		
5, Photo Show	graphs (please tabel all photos clearly) the Adjoining Buildings, the Proposed Building, and the Surrounding Neighbo	rhood	<u> </u>			
	ant Confirms compliance with 1000 foot proximity requiremen		<u>~</u>	_		
7. Applic	cant Confirms that Building Plans Review Office was contacted ng Plans Review Office can be reached at 410-887-3987	I regarding automatic sprinkler system	requirements	_		
	nt Zoning Classification: DQ 3.5H					
	7	OFFICE OF PLANNING ONLY!				
RECOMM	Approval Disapproval Approval conditioned on re	equired modifications of the application and/or site	e plan to conform with the following	g		
	I de	v- v	Date: 10/1/19			
Signed by	for the Director, Office of Planning Page	ge 4				

UP-2019-0005-AL

INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

то:	Office of Planning, Development Review Office Attention: ALF REVIEWER Jefferson Building 105 W. Chesapeakie Avenue, Room 101 Towson, MD 21204 M.S. 3402	Permit No. (if required) B				
FROM:	Department of Permits, Approvals and Inspections Zoning Review Office M.S. 1105			*		
RE:	Assisted Living Facility I or II					
This offic	ce is requesting recommendations and comments from the Office of	of Planning prior to Zoning Review Office's a	pproval of a building/use	e permit.		
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY / APPE	EARANCE INFORMATION (As Require	ed under A and B be	elow):		
LORA	Print Name of Applicant Address	ss Telephone Number	Email Address	AREHON.		
	ALF Lot Address 9112 COWENTON AVE.	Election District__\Councilmanic Distri		4,947		
Lot Loc	ation: NESV side corner of Lowerton AVE.	, 40 feet from NESW corne	r of PANORAMA (street)	PR.		
Land O	wner: VICTORIA & 500T DW1750H	10 Digit Tax Account Number	1110001	090		
	S 9112 COWELTTON AYE	(710) 431-5316				
representation res		Telephone Number	Email Āddd			
	PPLICANT MUST PROVIDE THE FOLLOWING ITEM be submitted by applicant for required compatibility and/or appeara		information acce by marking <u>X</u> b <i>YES</i>			
1. This (Completed Recommendation Form (3 copies)		V			
	ing Permit Application or Copy (If available)			×		
3. Site P	Plan (See Zoning Use Permit Checklist on Page 2 for Requirement orty (3 copies): including lot size and square feet of buildings, parking and ope	s): en space – 10% lot area	V			
	ment of Compliance with Checklist Note 5.A		4			
	ment of Compliance with Checklist Note 6 regarding the 1000 foot proximity re					
Stater (Fo	ment of Compliance with Checklist Note 10 regarding automatic sprinkler syst r more information about automatic sprinkler system requirements, you must	tem requirement of County Bullding Code contact the Building Plans Review Office at 410-88	7-3987)			
4. Build Zonin	ing Elevation Drawings (these <u>may be walved</u> if note 5.A. from ng Use Permit Checklist can be stated on the plans)	n the	~			
5. Photo Show	ographs (please label all photos clearly) vithe Adjoining Buildings, the Proposed Building, and the Surrounding Neighb	orhood	~			
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8. Curre	ent Zoning Classification: DR 3.5 H			-		
	TO BE FILLED IN BY THE	OFFICE OF PLANNING ONLY!	: */			
RECOMM	MENDATIONS / COMMENTS:		(90)			
	Approval Disapproval Approval conditioned on r Comments below (or attack	required modifications of the application and/or site ched):	plan to conform with the fol	lowing		
			Deter			
Signed by	for the Director, Office of Planning	age 4	Date:			

Page 4

